Medical Services has received a request from your facility to become a North Dakota Medicaid Provider. Before your enrollment can be processed, you will need to answer the questions below. Out-of-state facilities must have at least one Medicaid eligible recipient they will be billing North Dakota Medicaid for services to be or already rendered.

Patient/Recipient Name		Date of Birth
Address		
City	State	Zip Code
Brief Description and Circumstances of Services Rendered (This must be completed)		
Referring Physician		Date of Service

Return to: Provider Enrollment

**DHS Medical Services** 

600 E. Boulevard Avenue-Dept. 325

Bismarck, ND 58505-0250